

Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ALPHA-AMINOAMIDE DERIVATIVES USEFUL IN THE TREATMENT OF LOWER URINARY TRACT DISORDERS
Attorney Docket Number::	2503-1224
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ELENA  
Middle Name::  
Family Name:: BARBANTI  
Name Suffix::  
City of Residence:: COLOGNO MONZESE  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA DEI PLATANI, 6  
Address::  
City of Mailing Address:: COLOGNO MONZESE  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-20093

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ORIETTA  
Middle Name::  
Family Name:: VENERONI  
Name Suffix::  
City of Residence:: SETTIMO MILANESE  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA STEPHENSON, 25  
Address::  
City of Mailing Address:: SETTIMO MILANESE

State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-20019

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: FLORIAN  
Middle Name::  
Family Name:: THALER  
Name Suffix::  
City of Residence:: MERANO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA VAL DI NOVA, 31  
City of Mailing Address:: MERANO  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-39012

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ROBERTO  
Middle Name::  
Family Name:: PELLICCIARI  
Name Suffix::  
City of Residence:: PERUGIA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA ROCCHI, 60

Address::

City of Mailing Address:: PERUGIA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-06100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: LUCA

Middle Name::

Family Name:: BENATTI

Name Suffix::

City of Residence:: COLOGNO MONZESE

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA DELLA REPUBBLICA, 43

Address::

City of Mailing Address:: COLOGNO MONZESE

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-20093

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: PATRICIA

Middle Name::

Family Name:: SALVATI

Name Suffix::

City of Residence:: ARESE

State or Province of

Residence::

Country of Residence:: ITALY  
Street of Mailing VIA VALERA, 16/C  
Address::  
City of Mailing Address:: ARESE  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-20020

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2005/000514	1/20/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPEAN	04001175.1	1/21/04	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::